



Department of Energy
Germantown, MD 20874-1290

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**Response to
Republic of the Marshall Islands' Proposals for
Redesign of Rongelap and Utirik Medical Delivery**

I. INTRODUCTION

The Department of Energy, Office of International Health Programs, welcomes receipt of the RMI's February 13, 1997, paper which outlines requests for inclusion in the DOE's forthcoming bid solicitation for medical care services under DOE's medical program in the Rongelap and Utirik communities. Pursuant to the schedule in the agreed timetable of the "1258 Committee" established at the January 1997, Working Group Meetings in Majuro, we set forth below DOE's responses to each of the RMI's itemized proposals: the 6 items addressing the "establishment of a mechanism to elicit community input," and 26 "desired characteristics of a new medical program."

All of our responses are subject to and governed by the following considerations:

- ▶ As mandated by the U.S. Congress in the Compact of Free Association Act of 1985, DOE provides special medical care and related logistic support for the remaining members of the population of Rongelap and Utirik who were exposed to radiation from the 1954 United States thermonuclear "Bravo" test. DOE's bid solicitation will address only this mandate.
- ▶ DOE's bid solicitation will encompass only Issues 1, 2, 5 and 8 identified in the DOE/DOI/RMI Joint Communique signed May 15, 1996, and committed to the 1258 Committee for consideration by the parties in January 1997. Thus, for example, reexamination of the terms "exposed" and "unexposed" (Joint Communique Issue #4) is beyond the charter of the 1258 Committee. This issue also exceeds the parameters of the medical care program authorized by the U.S. Congress, and will not be a subject of the forthcoming DOE bid solicitation.
- ▶ DOE's bid solicitation will be premised on funding appropriated by the U.S. Congress.
- ▶ DOE is proud of the medical care it has delivered, and continues to provide, to the people of Rongelap and Utirik. DOE's response to various RMI proposals reflects our commitment to make a high quality medical program even better.



II. DOE RESPONSES TO RMI PROPOSALS

Establishment of a Mechanism to Elicit Community Input

1. The communities will nominate spokespeople who can work directly with their elected leaders to convey their needs and thoughts to the RMI and U.S. Governments on matters pertaining to the implementation of DOE programs.

DOE Response: Agree

2. The spokespeople will be consulted and informed before any changes to the programs take place.

DOE Response: Agree

3. No changes will take place without the communities' blessing.

DOE Response: The DOE will make every effort to accommodate the concerns of the communities served by DOE's medical program, consistent with DOE's mandate from the U.S. Congress, available funding, and sound medical practice.

4. A grievance mechanism must be created.

DOE Response: DOE will explore ways in which complaints about the DOE medical program can be expeditiously addressed and equitably resolved on an informal basis.

5. The communities want a say in how many, and what types of specialized doctors visit them. Specialist[s] in heart, eyes, ears, kidney, throat, tumors and cancer are all necessary.

DOE Response: DOE will consider the views of the communities on this subject. The number and types of on-island specialist care and off-island referrals will continue to be determined by qualified medical professionals on the basis of medical necessity and within the limits of funding appropriated by the U.S. Congress.

6. The care providers should work closely with the communities to understand the expenses involved with medical care and referrals, and should develop appropriate per diem rates.

DOE Response: Travel expenses and logistics costs, including U.S. Government-established per diem rates are governed by U.S. federal travel regulations, and are administered by the DOE program managers. DOE will work with the communities to help them understand the funding available to DOE for the delivery of on-island medical care and off-island medical referrals and logistics costs.

Desired Characteristics of a New Medical Program

RMI Request #1

The medical program will be treatment focused. No research will take place without the express consent of individuals, and the communities.

DOE Response: DOE's medical program has always been, and will continue to be, treatment focused. No human-subject research is currently contemplated, but if any such research is deemed necessary, it will be conducted in accordance with established standards of medical ethics and only with the express written consent of the persons concerned.

RMI Request #2

The new contractors should have access to all of Brookhaven National Laboratory's (BNL) information so they can build on the "know how" that BNL has gathered over the decades.

DOE Response: Any new contractor will have access to BNL patient records and other information necessary to effect a smooth transition.

RMI Request #3

Doctors should live in the communities of Majuro, Ebeye, Utrik, and Mejjatto year-round, and must be available to treat medical problems 24 hours a day should the need arise.

DOE Response: DOE has agreed to solicit proposals for the provision of community-based medical care in place of the current, twice-yearly medical missions. The precise design of any new medical care delivery system must await consideration of the proposals submitted in response to DOE's bid solicitation and will be based on the size and needs of the communities.

RMI Request #4

The medical practices should be family style. Emphasis should be place[d] on developing a rapport and familiarity with patients.

DOE Response: DOE endorses the importance of such rapport, and will encourage its development.

RMI Request #5

Because it is difficult to delineate clearly between radiogenic and non-radiogenic illnesses, doctors should treat all conditions of the "exposed" and control communities.

DOE Response:

Within the scope of its congressional mandate, DOE is committed to continue serving the special medical care needs of the eligible patient population of Rongelap and Utirik. DOE will ensure that the new care provider fulfills this commitment and as noted in response 3 above we will consider delivering medical care on a more frequent basis and in a community setting.

RMI Request #6

Medical information, diagnostic procedures, and results should be translated from English into Marshallese, and must be clearly explained to patients.

DOE Response: DOE has been doing this and will continue to use Marshallese translators/nurses to advise patients of medical information, diagnostic procedures and results.

RMI Request #7

Doctors should report patterns of ill-health in the population, and inform communities about any special risks to their health.

DOE Response: Agree, any bid solicitation will ensure that any new medical delivery program will continue to incorporate such reporting and will inform communities about any special risks to their health.

RMI Request #8

The communities are interested in epidemiological information which will help explain where patients are in relation to their medical histories.

DOE Response: Agree, DOE will pursue ways to do this.

RMI Request #9

Health education, as well as health promotion and wellness are important.

DOE Response: DOE will encourage medical providers to be full participants in health education for the Rongelap and Utirik populations.

RMI Request #10

Emphasis must be made on building infrastructure in the communities, and supporting the local economy rather than exporting program money out of the RMI.

DOE Response: DOE is committed to conducting its medical program in a manner that makes the most effective use of available resources to deliver high quality medical care in the communities served. DOE welcomes suggestions concerning how the achievement of DOE's mission can complement the efforts of the RMI government and of the Rongelap and Utirik communities to address their infrastructure and economy-building goals.

RMI Request #11

Training and educational opportunities should be provided whenever possible, and efforts should be made to develop Marshallese human resource capabilities.

DOE Response: A formal training and educational program is beyond the scope of DOE's medical program under the Compact of Free Association Act. However, DOE will explore any opportunities within the framework of its program to encourage the development of Marshallese human resources to help deliver medical care to the population DOE serves.

RMI Request #12

Care providers should consider the special and different medical needs for men and women.

DOE Response: DOE is sensitive to both the cultural and medical aspects of this issue, and will continue to ensure that medical care is provided in a manner that respects Marshallese customs and addresses the differing medical needs of men and women.

RMI Request #13

Special attention should be paid to the reproductive problems of women.

DOE Response: DOE is mindful of the concerns regarding "the reproductive problems of women" that have been expressed by the RMI government, local community leaders, and DOE medical program patients. We have attempted, and will continue, to allay these concerns within the context of DOE's special medical care mandate, and based on decades of scientific and medical data concerning the various populations (including the Marshallese) exposed to radiation fallout.

RMI Request #14

Care providers must be held accountable for any health problems which occur as a result of negligence by the medical care provider.

DOE Response: This matter is addressed in the Compact of Free Association and its subsidiary agreements: (1) Agreement between the Government of the United States and the Government of the Marshall Islands for the Implementation of Section 177 of the Compact of Free Association; (2) Federal Programs and Services Agreement.

RMI Request #15

Efforts should be made to avoid changing doctors and nurses all of the time. (In Marshallese custom, people are uncomfortable showing their bodies to people. Therefore, the care providers should limit the number of care providers working intimately with patients.)

DOE Response: DOE is sensitive to the Marshallese culture-based concern expressed in this request. For that reason, DOE has provided, and will continue to provide, medical care (particularly for Marshallese women) in a setting which respects local customs and minimizes personal discomfort and distress.

RMI Request #16

Patients should not be sent to a variety of hospitals in the U.S.

DOE Response: Currently (and for the past 20 years), Rongelapese and Utrikese residents in the Marshall Islands whom DOE refers off-island for medical treatment are sent to only one site, Straub Clinic and Hospital in Honolulu. DOE anticipates that this one-hospital referral site will continue in future. However, in the case of Rongelapese and Utrikese who do not reside in the Marshall Islands or Honolulu, it is to be expected that

DOE may refer such persons to a number of different treatment facilities in the United States, depending on their respective places of residence. DOE will also explore the use of modern technology, such as telemedicine, to facilitate consultation with specialists.

RMI Request #17

Information about patients' health and care should be consolidated whenever possible.

DOE Response: DOE has endorsed the integration of the patient medical records and health statistics generated by the DOE medical care program, the RMI's Section 177 Health Care Program (177 HCP), and the RMI public health program. To this end, DOE has made available to the 177 HCP the complete medical records of all enrollees in its medical surveillance program from 1954-1994, on both a readable CD-ROM and on microfiche. DOE has also offered to provide periodic hardcopy updates of that information to each patient file; and has drafted a Memorandum of Understanding (MOU) between the DOE and the RMI's Ministry of Health and Environment concerning the coordination of medical patient records, and coordination of medical referrals of patients served by the individual health services.

At the January 1997 Working Group meetings in Majuro, the RMI Government advanced an alternative proposal concerning coordination of patient referrals under the aegis of Mercy International. The USG members of the 1258 Committee have that proposal under active consideration. However, we suggest that we need not await the outcome of those deliberations before working toward agreement on coordination of patient medical records.

RMI Request #18

Privacy must be provided. A separate facility adjacent to a hospital [] care unit is preferable.

DOE Response: DOE's current medical program is designed to ensure that each patient is examined and treated in a setting that affords personal privacy. This has been accomplished, and can in future be accomplished, without recourse to a "separate facility."

RMI Request #19

The same doctors who conduct treatment should fill out patient charts.

DOE Response: DOE agrees with the principle underlying this observation.

RMI Request #20

Doctors should help patients with their claims process at the Nuclear Claims Tribunal.

DOE Response: As noted in Response #17 above, DOE patient records dating back to 1954 are available, in the Marshall Islands, on both readable CD-ROM and on microfiche. Furthermore, DOE has proposed in the draft MOU concerning patient records to make those records available (subject to patient confidentiality safeguards) in a suitable facility in Majuro.

DOE is willing to work with the RMI Government to develop a mechanism, through the proposed MOU or otherwise, to ensure that DOE medical program patients receive copies of their medical records. In order to permit physicians to concentrate on providing medical care, the recordkeeping function can be performed by administrative personnel. In addition, neither DOE, medical care personnel nor contractor personnel will assist patients to prepare claims for presentation to the Nuclear Claims Tribunal.

RMI Request #21

Care providers should be aware that the Rongelapese and Utirikese were exposed to fallout from several weapons tests after they were resettled on their atolls.

DOE Response: As previously noted, the DOE medical program mandated by the U.S. Congress in the Compact of Free Association Act is related only to the 1954 "Bravo" test.

RMI Request #22

Care providers should reevaluate the legitimacy of the terms "exposed" and "unexposed," and should be aware that the "control group" has been exposed to radiation levels sufficient to cause illness.

DOE Response: This request is beyond the scope of the DOE medical care program.

RMI Request #23

Environmental contamination is an on-going concern of the communities.

DOE Response: DOE is cognizant of the concern over environmental contamination. For this reason, DOE has an ongoing program of environmental monitoring and, in addition,

performs periodic radiation dose assessments to monitor internal body burdens of radionuclides among the populations of Bikini, Enewetak, Rongelap and Utirik atolls.

RMI Request #24

The communities want new identification cards, and insurance plans that will allow them to get medical treatment at any facility in the United States if the need arises.

DOE Response: Brookhaven National Laboratory issued the "identification cards" in question about 1973 to identify individuals participating in its medical surveillance program. The cards (1) have long since fallen into disuse for that purpose, (2) they have no present utility, and (3) in any event, they were never intended for use as evidence of enrollment in a health insurance program.

Given the existence of computer technology, there is no current need to issue new identification cards for the purpose of identifying participants in BNL's dose assessment program. DOE will explore the need for continued use of such cards.

With respect to "insurance plans," DOE at the January 1997 Working Group meetings in Majuro raised the possibility of purchasing health maintenance organization-type insurance to serve DOE medical program patients who are habitual residents of the United States. DOE is actively considering the feasibility of this idea, together with other options to ensure that all eligible beneficiaries of the DOE medical program receive the special medical care intended for them.

RMI Request #25

Care providers will make every attempt to learn Marshallese custom, and the language. An understanding of the unique history of the communities is also important.

DOE Response: DOE will encourage care providers to learn Marshallese customs, language, and history. To advance this objective, DOE has proposed that DOE personnel and the Marshallese community representatives provide joint briefings to DOE medical program care providers. DOE has also suggested that one or more videotapes would provide a useful introduction to Marshallese culture.

RMI Request #26

The care provider must coordinate with, and work closely with the 177 Health Care Program and the RMI public health program.

DOE Response: Agree.

In summary, DOE is committed to redesigning the delivery of its medical care program for the Rongelap and Utirik communities. In that process, we look forward to a continuing dialogue with members of the 1258 Committee and others as we work together to address the proposals of the RMI Government and the local communities.